

Consumer Interest Form for Membership on the Assistive Technology Advisory Council

Name: _____
Address: _____
City _____ State WI Zip _____
Telephone _____
Email _____

1. Are you a person who uses assistive technology? Yes No
2. Are you a person representing a person who uses assistive technology
who is not able to represent him/herself? Yes No
3. Please list briefly some of the assistive technology you use:

4. With this form please include:
 - A copy of your resume (optional)
 - A short narrative describing your relevant work and life history
with regard to assistive technology (please limit to one page)
 - Your participation on other Councils or Boards either currently or
in the past

Return this form to (regular mail or email):

Holly Laux O'Higgins or Ralph Pelkey
WisTech

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Madison, WI 53707-7851

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